



Complete Summary

TITLE

Ischemic heart disease (IHD): percent of patients discharged with AMI, CABG, PTCA (inpatient or outpatient), or with ischemic vascular disease who have had a full lipid panel in the past year and LDL-C less than 100 on most recent test in past year.

SOURCE(S)

Office of Quality Performance. FY 2009, Q2 technical manual for the VHA performance measurement system. Washington (DC): Veterans Health Administration; 2009 Jan 5. various p.

Measure Domain

PRIMARY MEASURE DOMAIN

Outcome

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Process

Brief Abstract

DESCRIPTION

This measure is used to assess the percent of patients discharged with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), percutaneous transluminal coronary angioplasty (PTCA) (inpatient or outpatient), or with ischemic vascular disease who have had a full lipid panel in the past year and low-density lipoprotein cholesterol (LDL-C) less than 100 on most recent test in past year.

RATIONALE

The Adult Treatment Panel III (ATP III) of the National Cholesterol Education Program issued an evidence-based set on cholesterol management in 2001. Since the publication of ATP III, 5 major clinical trials of statin therapy with clinical

endpoints have been published. The results of these recent trials have certain implications for cholesterol management. Therapeutic lifestyle changes (TLC) remain an essential modality in clinical management. The trials confirm the benefit of cholesterol lowering therapy in high-risk patients and support the ATP III treatment goal of low-density lipoprotein cholesterol (LDL-C) less than 100 mg/dL. They support the inclusion of patients with diabetes in the high-risk category and confirm the benefits of LDL-lowering therapy in these patients. They further confirm that older persons benefit from therapeutic lowering of LDL-C. The major recommendations for modifications to footnote the ATP III treatment algorithm are the following: In high-risk persons, the recommended LDL-C goal is less than 100 mg/dL. But when risk is very high, an LDL-C goal of less than 70 mg/dL is a therapeutic option (reasonable clinical strategy) on the basis of available clinical trial evidence. This therapeutic option extends also to patients at very high risk who have baseline LDL-C less than 100 mg/dL. Moreover, when a high-risk patient has high triglycerides or low high-density lipoprotein cholesterol (HDL-C), consideration can be given to combining a fibrate or nicotinic acid with an LDL-lowering drug. For moderately high-risk persons (2+ risk factors and a 10-year risk 10% to 20%), the recommended LDL-C goal is less than 130 mg/dL, but an LDL-C goal less than 100 mg/dL is a therapeutic option on the basis of recent trial evidence. The latter option extends also to moderately high-risk persons with a baseline LDL-C of 100 to 129 mg/dL. When LDL-lowering drug therapy is employed, in high-risk or moderately high-risk persons, it is advised that the intensity of therapy be sufficient to achieve at least a 30-40% reduction in LDL-C levels. Moreover, any person at high risk or moderately high risk who has lifestyle related risk factors (e.g., obesity, physical inactivity, elevated triglycerides, low HDL-C, or metabolic syndrome) is a candidate for TLC to modify these risk factors regardless of LDL-C levels. Finally for people in lower risk categories, recent clinical trials do not modify the goals and cutpoints for therapy.

PRIMARY CLINICAL COMPONENT

Acute myocardial infarction (AMI); coronary artery bypass graft (CABG); percutaneous transluminal coronary angioplasty (PTCA); ischemic vascular disease (IVD); full lipid panel; low-density lipoprotein cholesterol (LDL-C)

DENOMINATOR DESCRIPTION

Patients from the NEXUS Clinics cohort discharged with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), percutaneous transluminal coronary angioplasty (PTCA) (inpatient or outpatient), or with ischemic vascular disease (IVD) (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients discharged with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), percutaneous transluminal coronary angioplasty (PTCA) (inpatient or outpatient), or with ischemic vascular disease (IVD) who have had a full lipid panel in the past year and low-density lipoprotein cholesterol (LDL-C) less than 100 on most recent test in past year (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [VA/DoD clinical practice guideline for the management of dyslipidemia.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

External oversight/Veterans Health Administration
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age 18 to 75 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component**INCIDENCE/PREVALENCE**

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories**IOM CARE NEED**

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure**CASE FINDING**

Users of care only

DESCRIPTION OF CASE FINDING

Patients from the NEXUS Clinics cohort*

*Refer to the original measure documentation for patient cohort description.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients from the NEXUS Clinics cohort* discharged with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), percutaneous transluminal coronary angioplasty (PTCA) (inpatient or outpatient), or with ischemic vascular disease (IVD)

*Refer to the original measure documentation for patient cohort description.

Exclusions

Patients greater than 75 years of age or under 18 years

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter
Institutionalization
Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients discharged with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), percutaneous transluminal coronary angioplasty (PTCA) (inpatient or outpatient), or with ischemic vascular disease (IVD) who have had a full lipid panel* in the past year and low-density lipoprotein cholesterol (LDL-C) less than 100 on most recent test in past year

**Full Lipid Panel*: Includes triglycerides, total cholesterol, and either high-density lipoprotein (HDL) or low-density lipoprotein cholesterol (LDL-C) in the past year.

Note: The most recent LDL-C will be used in this measure. The LDL-C may be either direct or calculated.

Exclusions

- If no LDL-C was recorded during the past year, the result is assumed to be poor. Patient is included in the denominator, but not the numerator; therefore counts against the facility.
- If fasting triglycerides are over 400 and LDL-C value is noted to be invalid, it is considered by default to exceed 100. It is included in the denominator but not the numerator (counts against the facility).

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

OUTCOME TYPE

Clinical Outcome

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure**SCORING**

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

CVD - outpatient - LDL-C less than 100 mg/dL.

MEASURE COLLECTION

[Fiscal Year \(FY\) 2009: Veterans Health Administration \(VHA\) Performance Measurement System](#)

MEASURE SET NAME

[Performance Measures](#)

MEASURE SUBSET NAME

[Effectiveness of Care -- Cardiovascular](#)

DEVELOPER

Veterans Health Administration

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Unspecified

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Unspecified

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2001 Nov

REVISION DATE

2009 Jan

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Office of Quality and Performance (10Q). FY 2008, Q1 technical manual for the VHA performance measurement system. Washington (DC): Washington (DC); 2007 Oct 31. 315 p.

SOURCE(S)

Office of Quality Performance. FY 2009, Q2 technical manual for the VHA performance measurement system. Washington (DC): Veterans Health Administration; 2009 Jan 5. various p.

MEASURE AVAILABILITY

The individual measure, "CVD - Outpatient - LDL-C Less Than 100 mg/dL," is published in "FY 2009, Q2 Technical Manual for the VHA Performance Measurement System."

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NQMC STATUS

This NQMC summary was completed by ECRI on September 27, 2002. The information was verified by the Veterans Health Administration on October 29, 2002. This NQMC summary was updated by ECRI Institute on November 29, 2004 and again on February 7, 2008. The information was not verified by the measure developer. This NQMC summary was updated again by ECRI Institute on December 23, 2009. The information was verified by the measure developer on March 22, 2010.

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